PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. a valid OMB control number.

DEGLADATION SO		Attorney Doci	tet Number	434-263				
DECLARATION FO		First Named I	nventor	DAVID A. ATWOOD				
PATENT APP			COMPLETE IF KNOWN					
(37 CFR		Application Nu	mber					
	•	Filing Date						
Submitted OR	Declaration Submitted after Initia	al Group Art Unit						
Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Nan	ne l					
As a below named inventor, My residence, post office addr	ress, and citizenship are a		•					
names are listed below) of the CATALYTIC CLEA CHELATES	subject matter which is c	laimed and for which a	patent is sought o					
the specification of which is attached hereto OR was filed on (MM/DD/Y Application Number I hereby state that I have reviet amended by any amendment s I acknowledge the duty to discle	and wa wed and understand the copecifically referred to about	s amended on (MM/DD) ontents of the above ide ve.	YYYY) entified specification	, ,				
I hereby claim foreign priority b certificate, or 365(a) of any PC America, listed below and have a or of any PCT international appli	also identified below, by ci	necking the box, any to:	eign application t	ication(s) for patent or inventor's other than the United States of or patent or inventor's certificate, iority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
			0000	0000				
Additional foreign application	numbers are listed on a s	supplemental priority da	ta sheet PTO/SB/	02B attached hereto:				
I hereby claim the benefit under			al application(s) l	isted below.				
Application Number(s) 60/445,985	(MM/DD/YYYY)	numb supp	ional provisional application pers are listed on a lemental priority data sheet SB/02B attached hereto.					

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



-. 6 . . -

PTO/SB/01 (12-97)
us sign (+) inside this box + + Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)				
		PCT International applicati										
As a named inventor, I hereby appoint the following registered pra and Trademark Office connected therewith: Customer Numb				actitioner(s)	to prosecut 001009		on and to	transa	ct all business i Place Custo			
_			OR				-			Number Bar Code		
				Registration			name/registration number listed be			Registration		
Name				Number			Name			Number		
Additional re	egistere	d practitioner(s) named o	n supple	emental I	Registered	Practitioner	Information she	eet PTO	/SB/020	C attached here	to.	
Direct all correspondence to: Customer Number or Bar Code Label						01009 OR Correspondence address below						
Name							. –					
Address												
Address												
City						State		ZIP				
Country		Telephone (859)			252-0889 _{Fax} (8			(859	359) 252-0779			
believed to be to punishable by fir	ue; and ne or im	statements made herein further that these statem prisonment, or both, under tissued thereon.	ents we	re made	with the kn	owledge tha	it willful false sta	atements	and the	e like so made a	are	
Name of Sole or First Inventor:						A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname								
DAVID ALLAN				ATWOOD								
Inventor's Signature										Date		
Residence: City LEXINGTON			State	KY	Country	US			Citizenship	US		
Post Office Add	dress	2133 LEAFLAND PLACE										
Post Office Ad	ldress											
City		LEXINGTON		State	KY	Zip	40515			Country	US	
Additional i	nvento	rs are being named o	n the	SIID	nlementa	Additiona	I Inventor(e)	sheet/s	PTO/	SB/02A attac	hed hereto	